

Work Order ID 108022

October-07-13 9:06:43 AM

Item ID: 646.9812

Revision ID:

Item Name: Lower Cutter Deflector.

Start Date: 10/07/13 Start Qty: 6.00

\*6\*

Required Date: 10/07/13 Req'd Qty: 6.00

\*6\*

Accept

\*108022\*

646.9812  
B108022

\*N900040100\*

Setup

Start

\*NS1\*

Stop

\*NS2\*

Reference:

Approvals:	Process Plan:	ML5	Date:	13-10-08	Tooling:	Date:	Run	Start	*NR1*
	QC:		Date:		SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
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646.9800	N/C								
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100  
**\*100\***  
Bandsaw  
Jeaspa Bandsaw

BAND SAW

Memo

Cut Blank at 25.150"

0.00

0.00

3 8 13-11-1

\*\*\*ONE BLANK MAKES TWO PART\*\*\*

110  
**\*110\***  
HAAS  
HAAS CNC vertical machine #1

HAAS CNC VERTICAL MACHINING #1

Memo

1-Machine per folio FB131  
DWG REV: A  
FOLIO REV: AA

0.00

0.00

C 8 13-11-5

2- deburr and break all sharp edges

NCR: Yes / No

# **WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending Centre Not Concentric to O/S Cracks Crushed/Crimped. Cuffs Heat Treat Inspection Strip in Tube Ripples in Bend Torque Waves in Extrusion Turning Sequence Wave/Twist in Tube				Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/>							
				Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other <hr/> <hr/> <hr/>							



NCR: Yes / No

# **WORK ORDER NON-COMPLIANCE / UPDATE**

DQA: Date:

QA Closed:                  Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	General			Grain	General			Ovalized	Pressure/Forced		
Centre Not Concentric to O/S	Bend	General			Hardware	General			Over/Under tolerance	Temperature/Cure	
Cracks	BOM/Route	General			Inspection Incomplete	General			Part Incorrect	Weld	
Crushed/Crimped.	Broken/Damaged	General			Instructions Incomplete/Unclear	General			Part Lost/Missing	Wrong Stock Pulled	
Cuffs	Burrs	General			Maintenance	General			Part Moved		
Heat Treat	Contamination	General			Mislabeled	General			Positioned Wrong		
Inspection Strip in Tube	Countersink	General			Misread	General			Power Loss/Surge		
Ripples in Bend	Cut Too Short	General			Offset	General				Other	
Torque Waves in Extrusion	Drill Holes	General			Out of Calibration	General					
Turning Sequence	Drawing	General			Out of Sequence	General					
Wave/Twist in Tube	Finish	General			Outside Dimensions	General					
	Folio	General				General					

**Work Order ID 108022**

October-07-13 9:06:43 AM

**\*108022\***

Page 3

Item ID: 646.9812

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Lower Cutter Deflector

Start Date: 10/07/13 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 10/07/13 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop **\*NR2\***Sequence ID/  
Work Center ID  
150**\*150\***

Packaging

Packaging

Operation  
Description  
Receive & Inspect for Damage & Mat'l CertsSet Up/  
Run Hours  
0.00Tool ID Tool # Plan  
CodeAccept Reject Reject  
Qty Qty Number Insp.  
Stamp*13/11/22 (6)*

151

**\*151\***

QC

Quality Control

QC5- Inspect part completeness to step on W/O

DAS  
27  
9-89  
0.00 13/11/22

6

180

**\*180\***

Packaging

Packaging

Identify as per dwg & Stock Location: C

0.00

DAS  
32  
9-89

Memo

0.00

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

13/11/22 (6)

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: Date:

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other							

**Work Order ID 108022****\*108022\***

Page 4

October-07-13 9:06:43 AM

Item ID: 646.9812

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Lower Cutter Deflector

Stop

**\*NS2\***

Start Date: 10/07/13 Start Qty: 6.00

**\*6\***

Cust Item ID:

Required Date: 10/07/13 Req'd Qty: 6.00

**\*6\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

190

QC21- Final Inspection - Work Order Release

0.00

**\*190\***

QC

Quality Control

Memo

0.00

13/11/27 JJ  
 MF  
 13-11-25

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>							
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

**Picklist Print**

October-07-13 9:06:43 AM

Page 1

**Work Order ID:** 108022**Parent Item:** 646.9812**Parent Item Name:** Lower Cutter Deflector**Start Date:** 10/07/13**Required Date:** 10/07/13**Start Qty:** 6.00**Required Qty:** 6.00**Comments:** IPP REV:A NEW ISSUE 12/09/10 JFS VERIFY BY: DD

<b>Component Item ID/ Item Name</b>	<b>Replacement Item ID</b>	<b>Mfg/ Purch</b>	<b>Bin Item</b>	<b>Primary Location</b>	<b>Last Location</b>	<b>Route Seq ID</b>	<b>Unit of Measure</b>	<b>Qty on Hand</b>	<b>Qty per Kit</b>	<b>Total Qty</b>	<b>Qty Issued</b>	<b>Date Issued</b>	<b>Status</b>
<b>M7075T6B5.000X0.375</b> 7075-T6 BAR 5.000" X 0.375"		Purchased	No			100	f	65.6286	1.048	7			SL B-1-1

<b>Location</b>	<b>Loc Qty</b>	<b>Loc Code</b>
MAT049	65.6286	
123218	27.4357	
m126390	2.7229	
m126615	35.47	

*#6-31*

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS										
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other								
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other			

**APICAL**  
INDUSTRIES, INC.

ENGINEERING CHANGE NOTICE NO. 03828

SHEET 1 OF 8

DWG NO. 646.9800

REV: NC

PREPARED BY: B. PETERS

DATE: 03/19/13

EFFECT ON DWG  
 INC.  UNINC

DWG TITLE: DEFLECTOR

APPROVED BY:

ENGR:

MFG:

QC:

EFF:

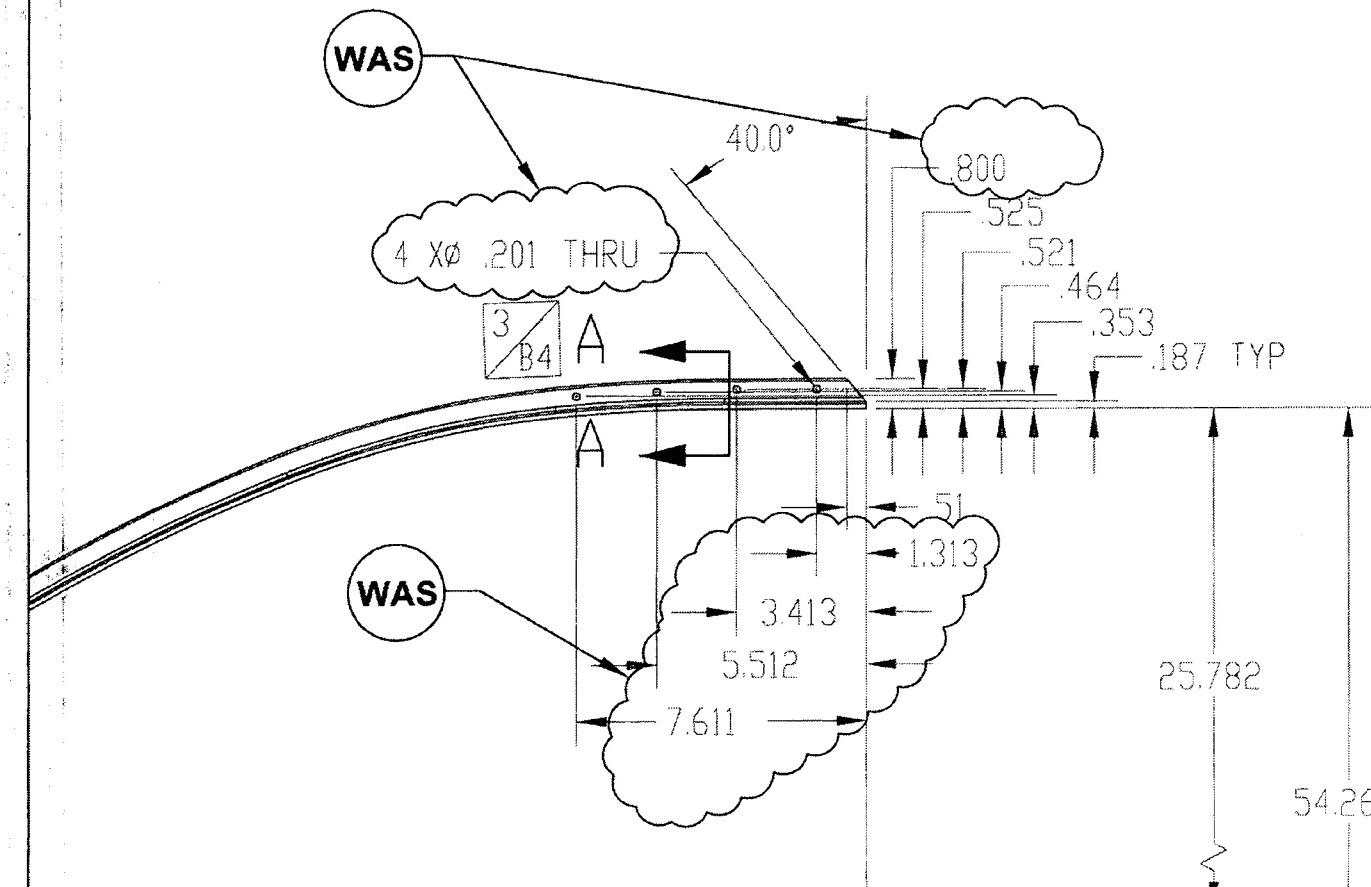
NEXT ORDER

TRANSACTION CODES (TC)  
A-ADD C-CREATE  
R-REVISE D-DELETE

REASON: REVISED CORNER RADIUS, TOLERANCES, AND ADDED INSPECTION DIMENSIONS.

ECR:  
D-13-029

## SHEET 1, ZONE A5-A6 & B5-B6 WAS:

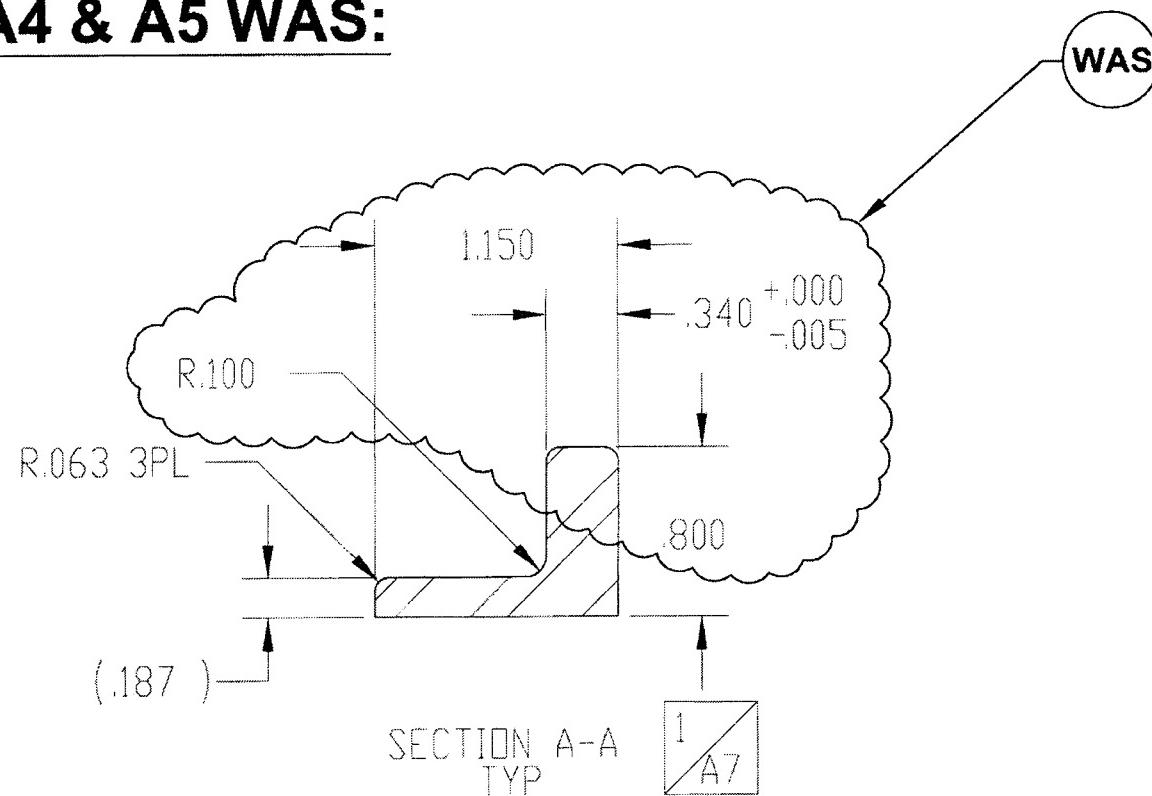


DOCUMENTS EFFECTED:

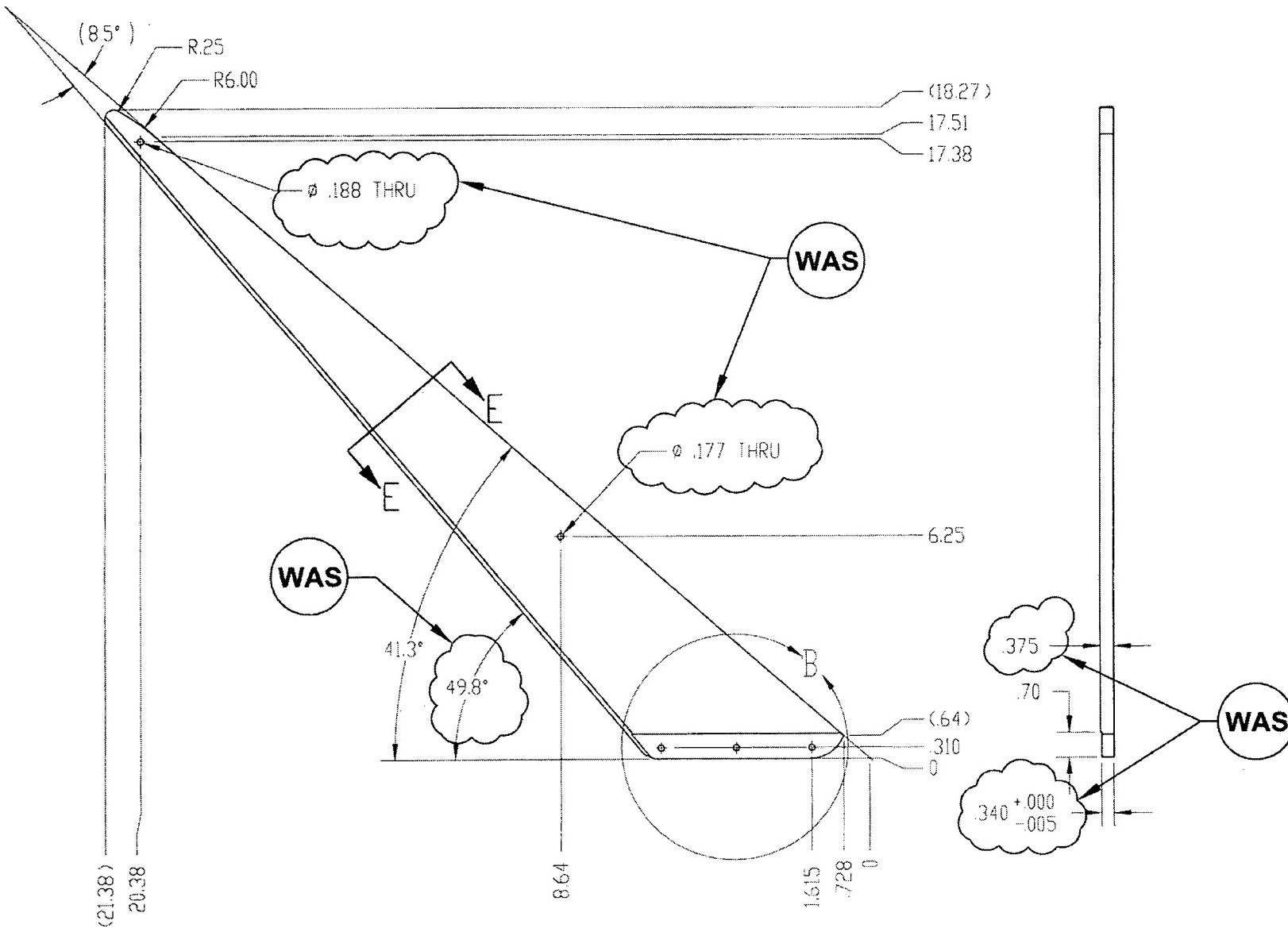
MDL  INSTALL INSTRUC  ICA  BOM

CHANGE CATEGORY  
 MAJOR  MINOR

DER REVIEW REQUIRED  
 YES  NO

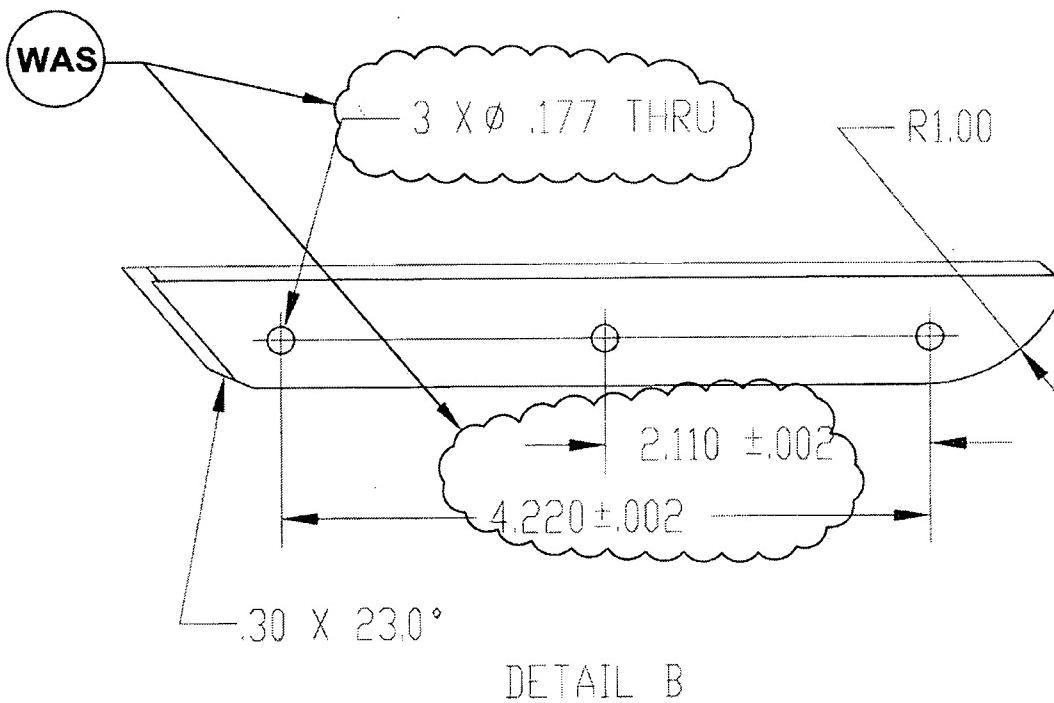
**SHEET 3, ZONE A4 & A5 WAS:**

108022

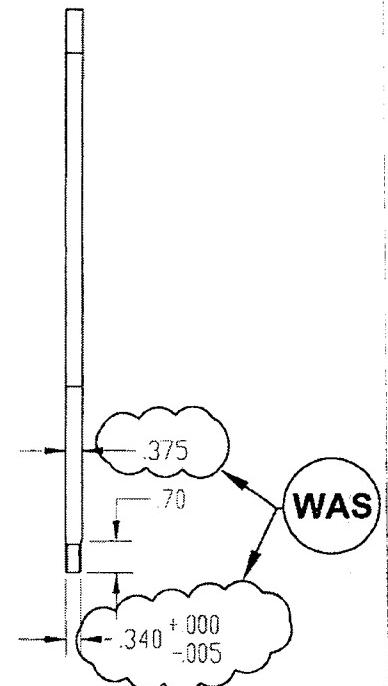
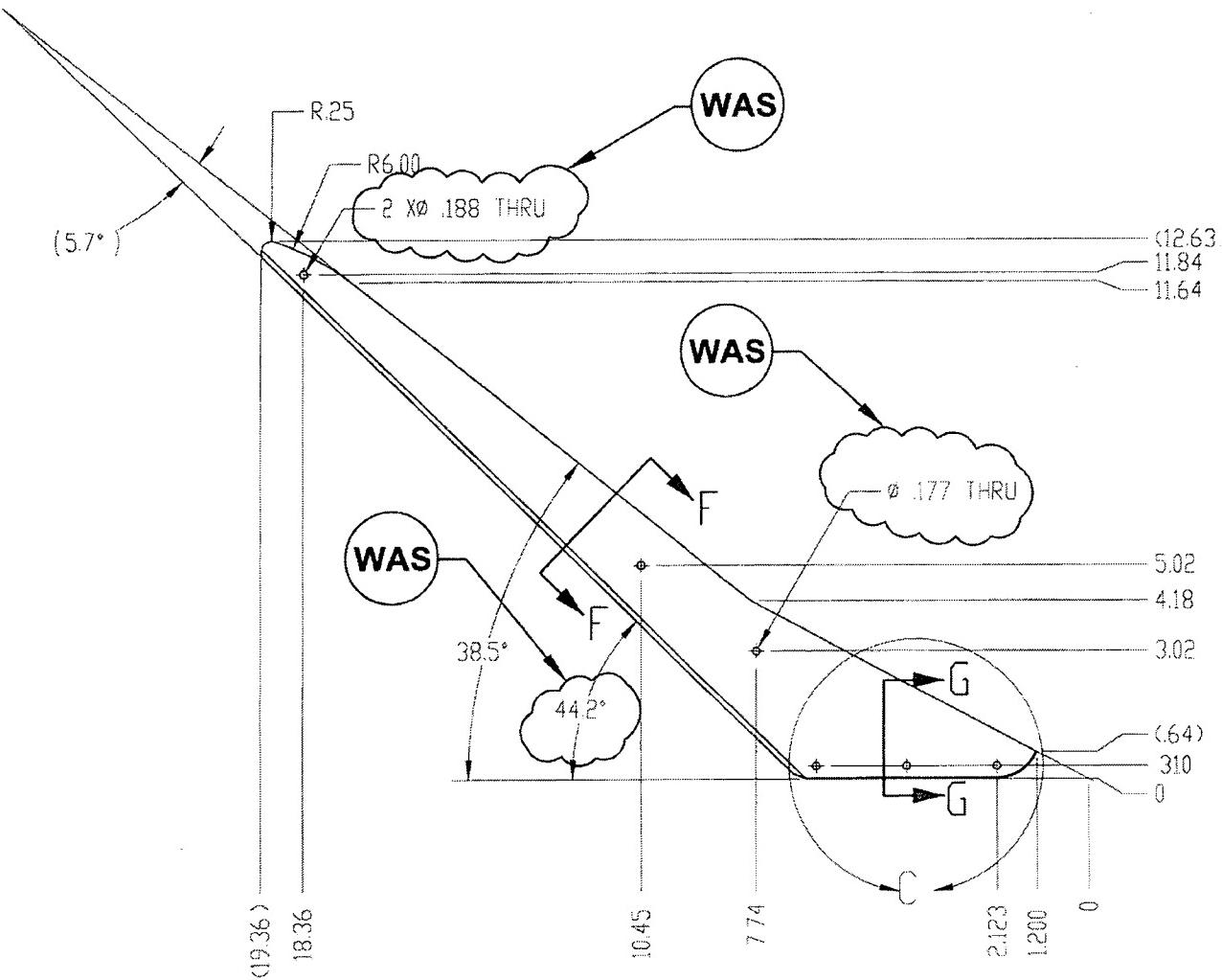
**SHEET 4, WAS:**



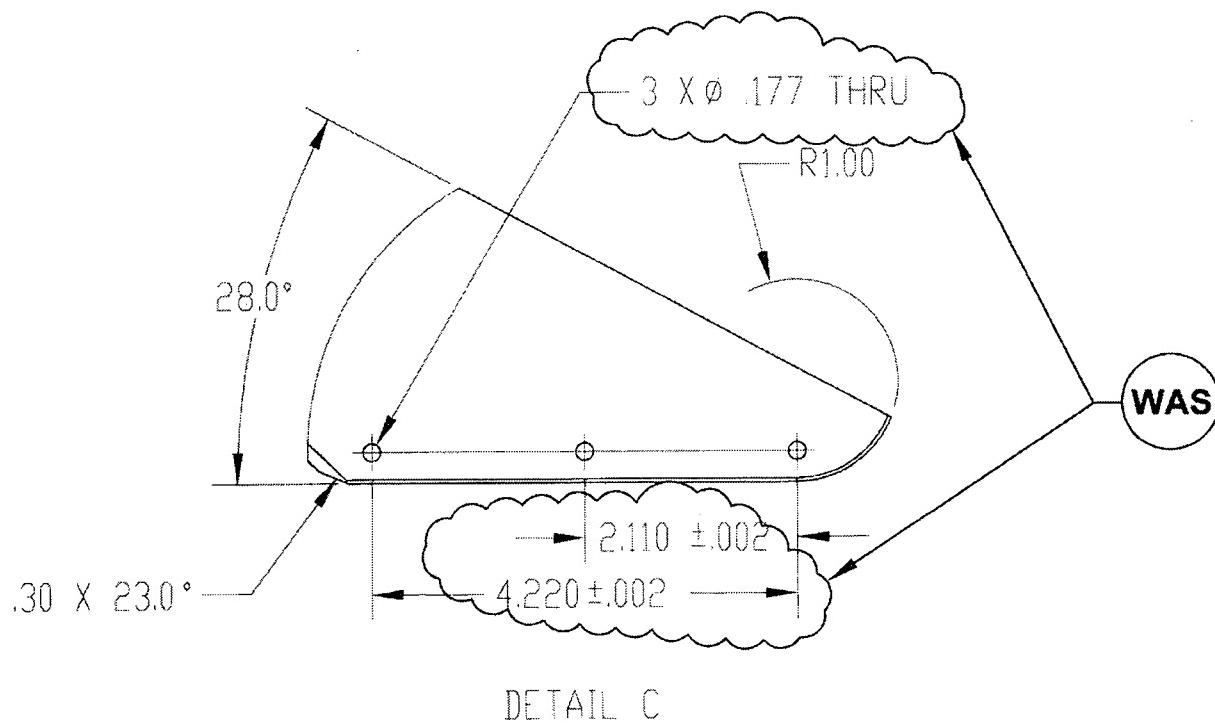
108022

**SHEET 4, ZONE C7 & C8 WAS:**

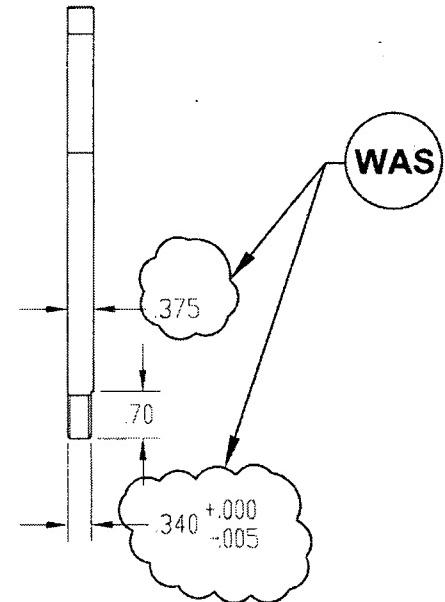
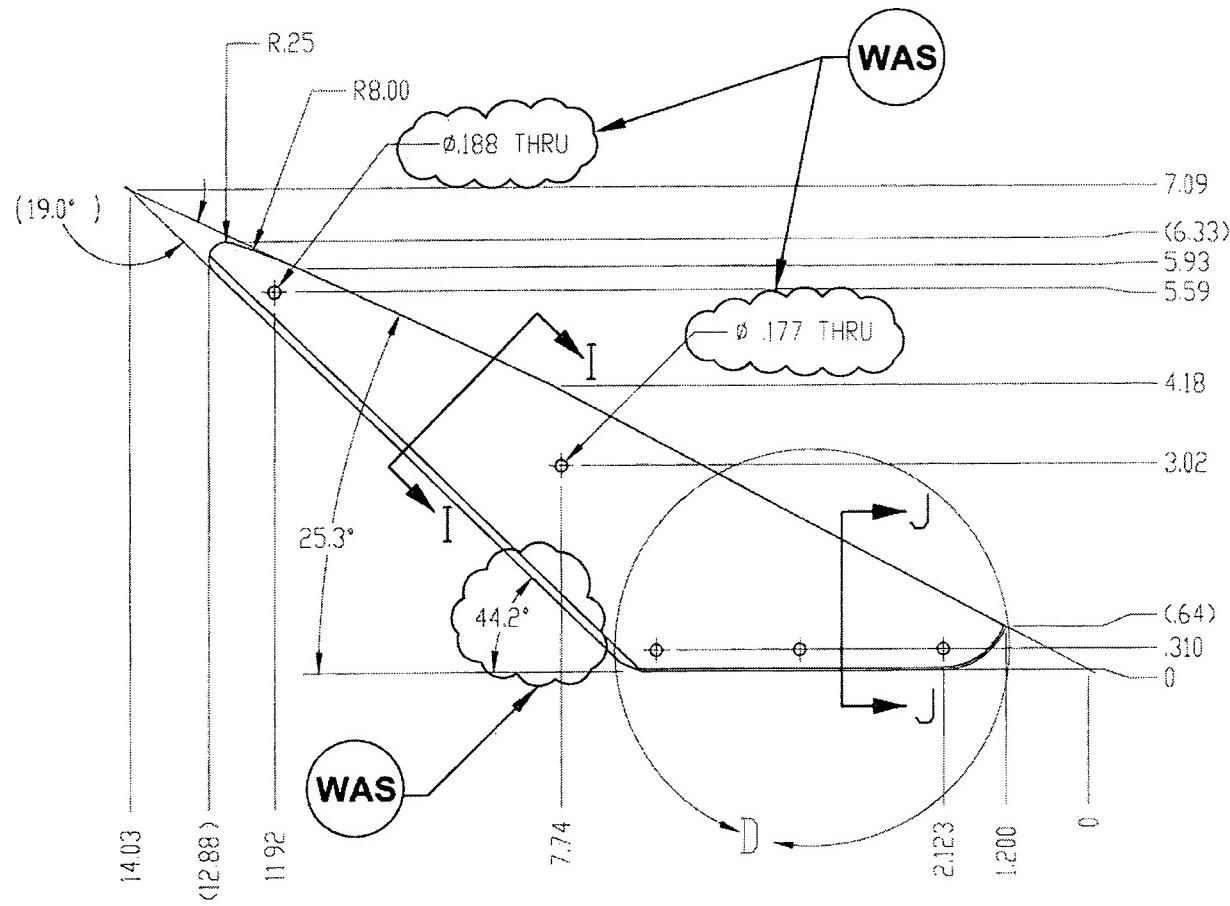
108022

**SHEET 5, WAS:**

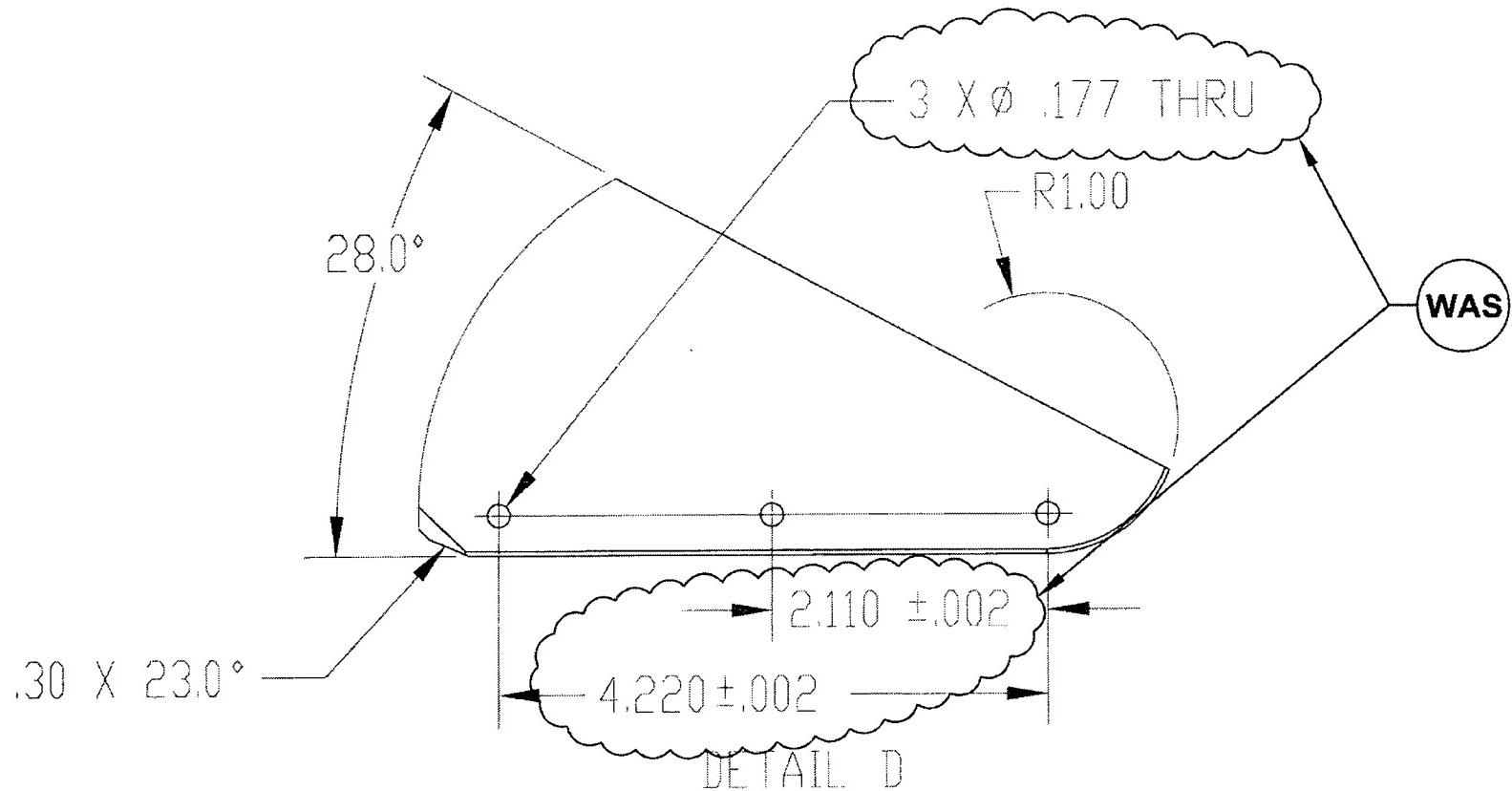
108022

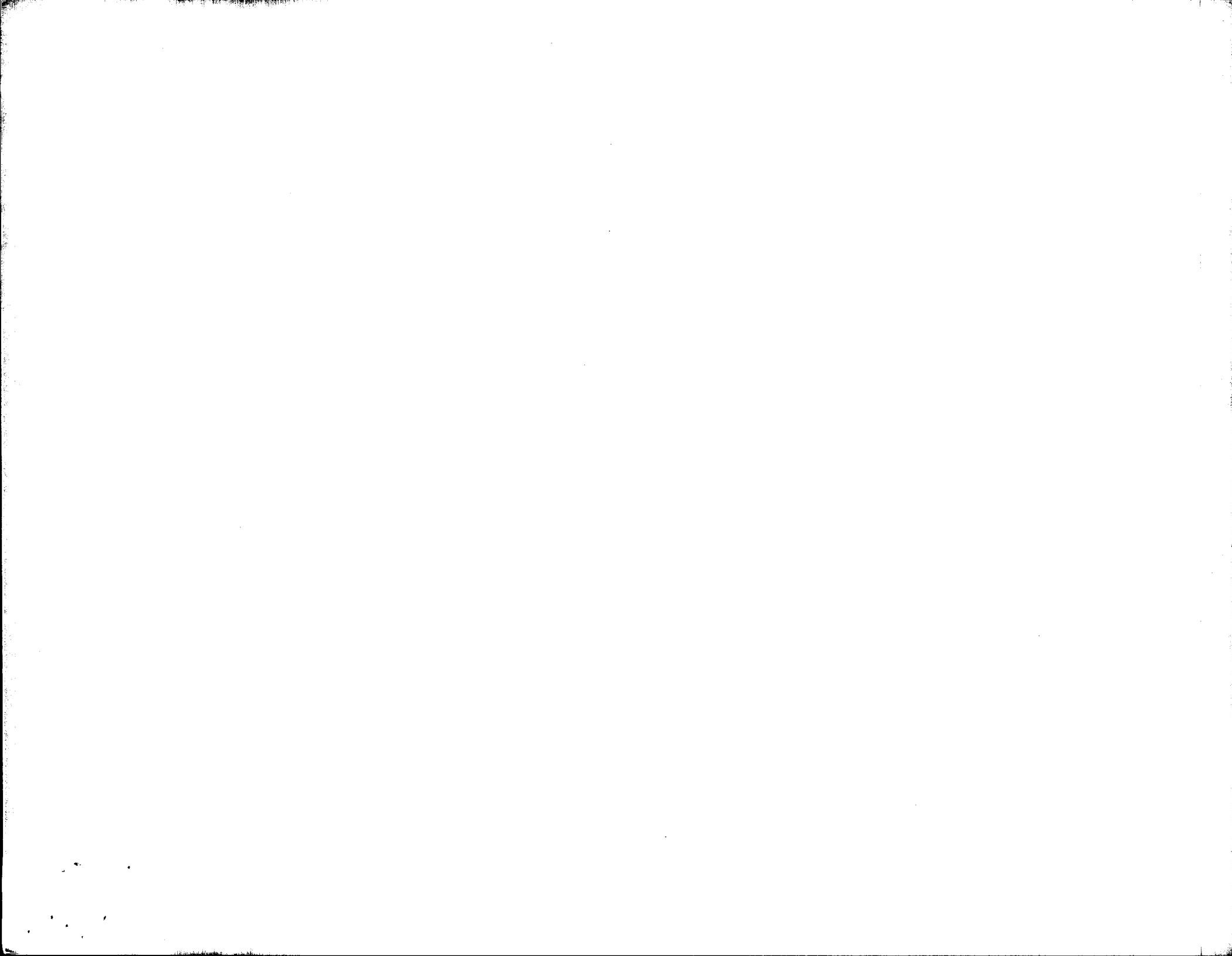
**SHEET 5, ZONE C8, D7, & D8 WAS:**

108022

**SHEET 6, WAS:**

108022

**SHEET 6, ZONE C6 & D6 WAS:**



1 2 3 4 5 6 7 8  
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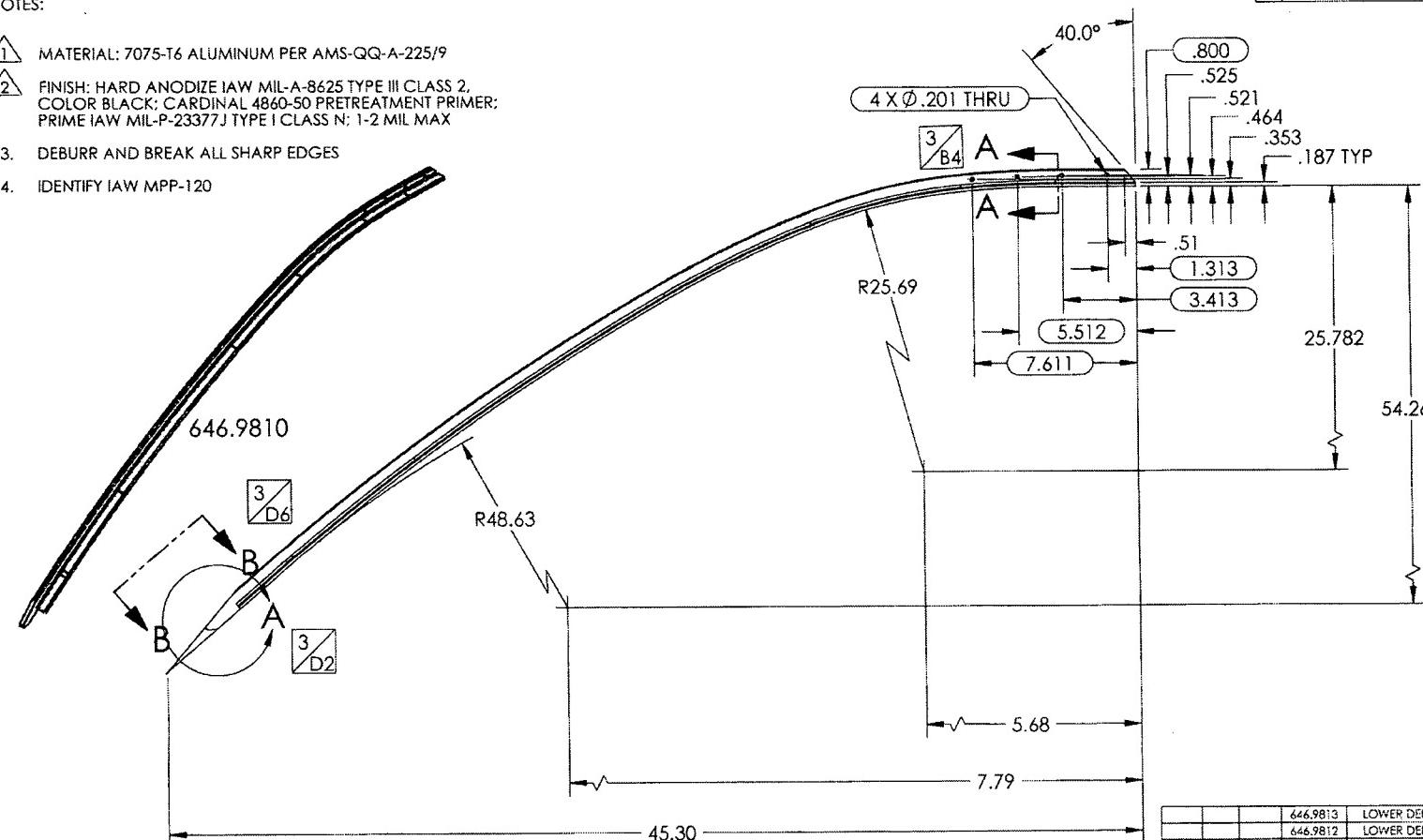
REV.	DESCRIPTION	DATE	APPROVED
N/C	INITIAL RELEASE	04/22/09	P. BRAVO
A	INCORPORATED ENCLURES	04/27/13	P. BRAVO

108022

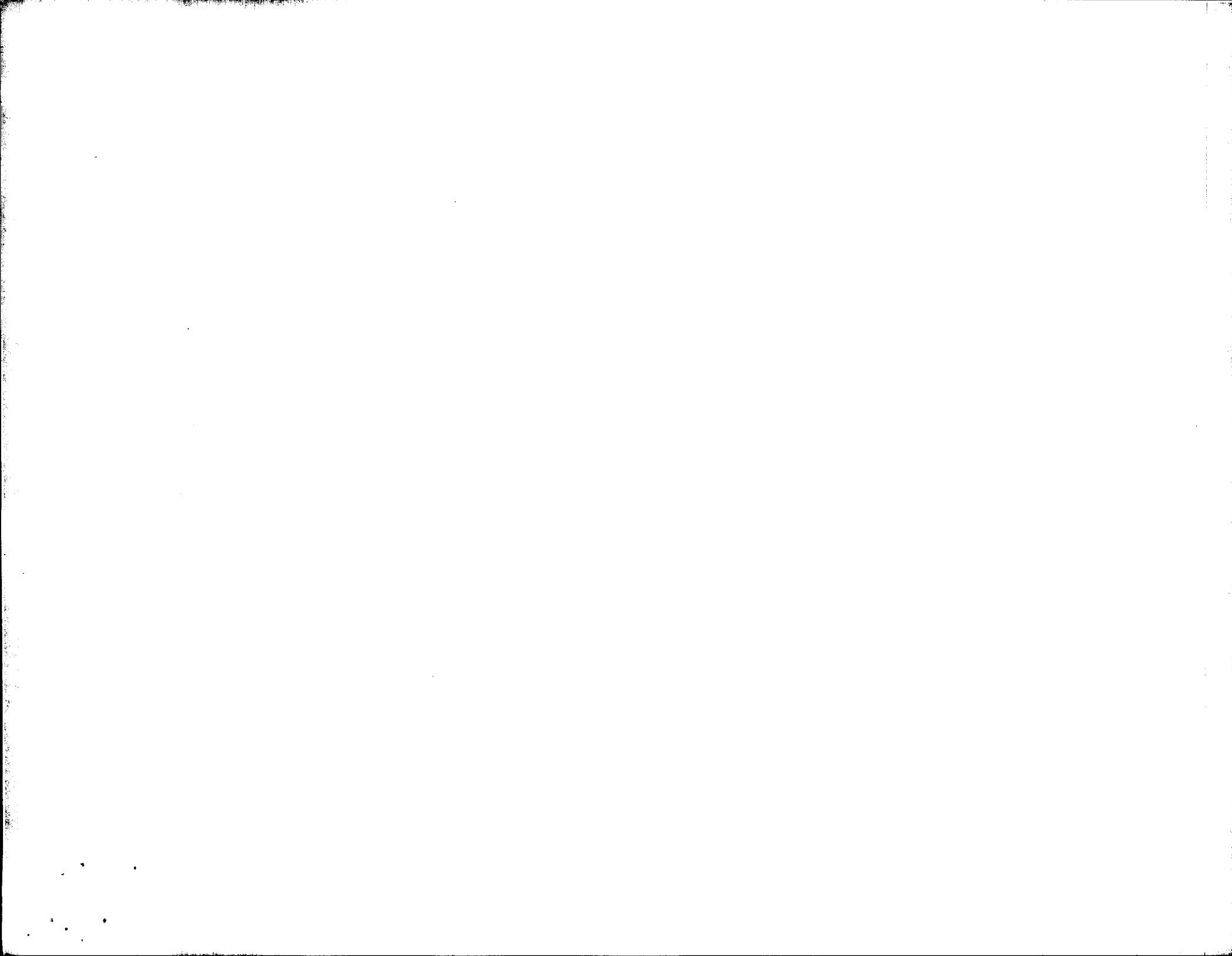
NOTES:

- 1 MATERIAL: 7075-T6 ALUMINUM PER AMS-QQ-A-225/9
- 2 FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III CLASS 2,  
COLOR BLACK; CARDINAL 4860-50 PRETREATMENT PRIMER;  
PRIME IAW MIL-P-23377J TYPE I CLASS N; 1-2 MIL MAX
3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP-120

B  
O  
D

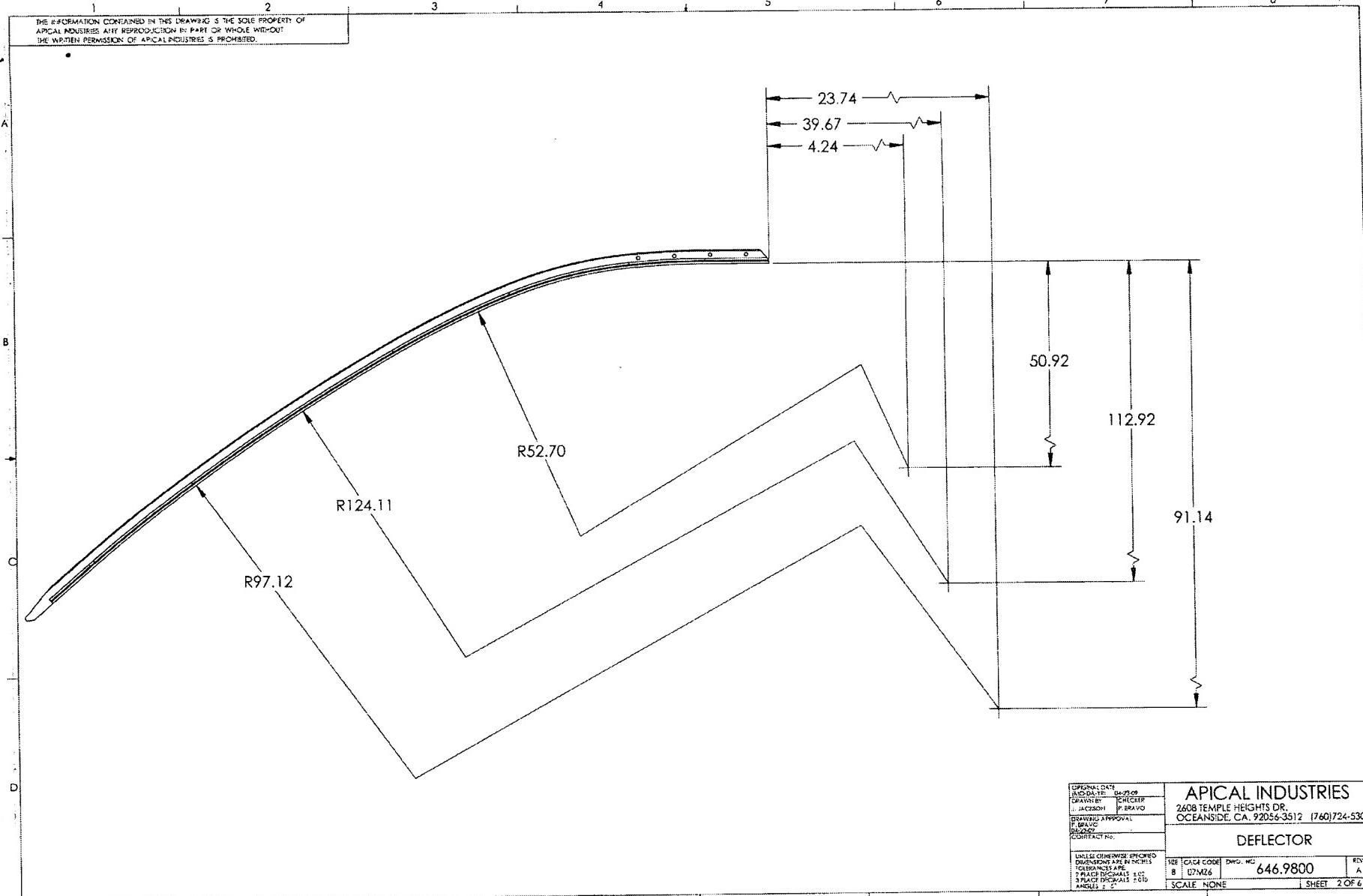


FIND #	PART NO.	DESCRIPTION	MATL	SPEC
	646.9813	LOWER DEFLECTOR LOW	▲	▲
	646.9812	LOWER DEFLECTOR HIGH	▲	▲
	646.9811	UPPER DEFLECTOR	▲	▲
	646.9810	DEFLECTOR	▲	▲
		CONTRACTOR		
		APCAL INDUSTRIES		
		2609 TEMPLE HEIGHTS DR.		
		OCEANSIDE, CA. 92056-3512 (760)724-5300		
		DEFLECTOR		
QTY	ORIGINAL DRAFTS NEXT ASSY (S)	DRAWN BY CHECKED DESIGNER APCAL APPROVAL P. BRAVO CONTRACTOR	REV. CHG. CODE B 07/MZB	DRAW. NO. 646.9800 SCALE NONE SHEET 1 OF 6
		UNLESS OTHERWISE SPECIFIED DEVIATIONS ARE 2 PLACE DECIMALS ± 20 3 PLACE DECIMALS ± 100 ANGLES ± 5		



108022

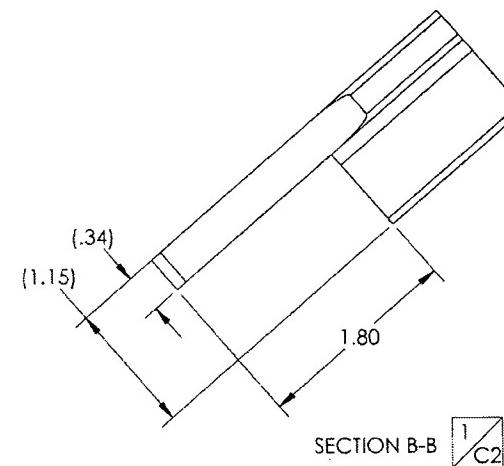
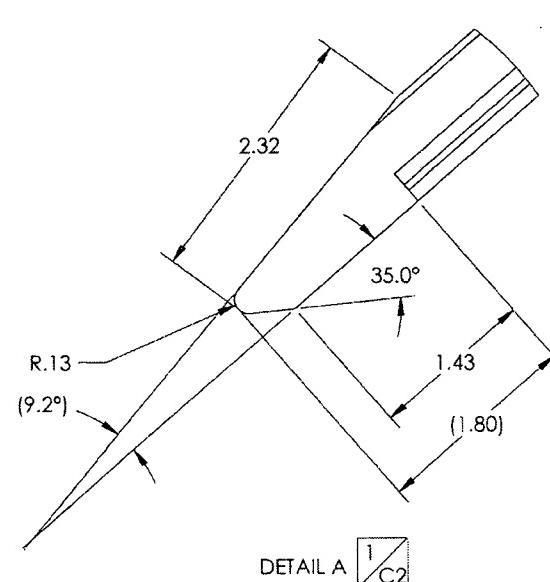
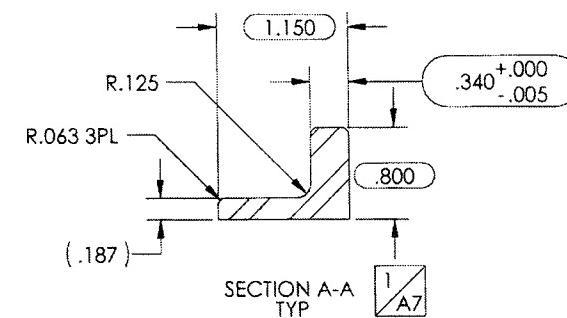
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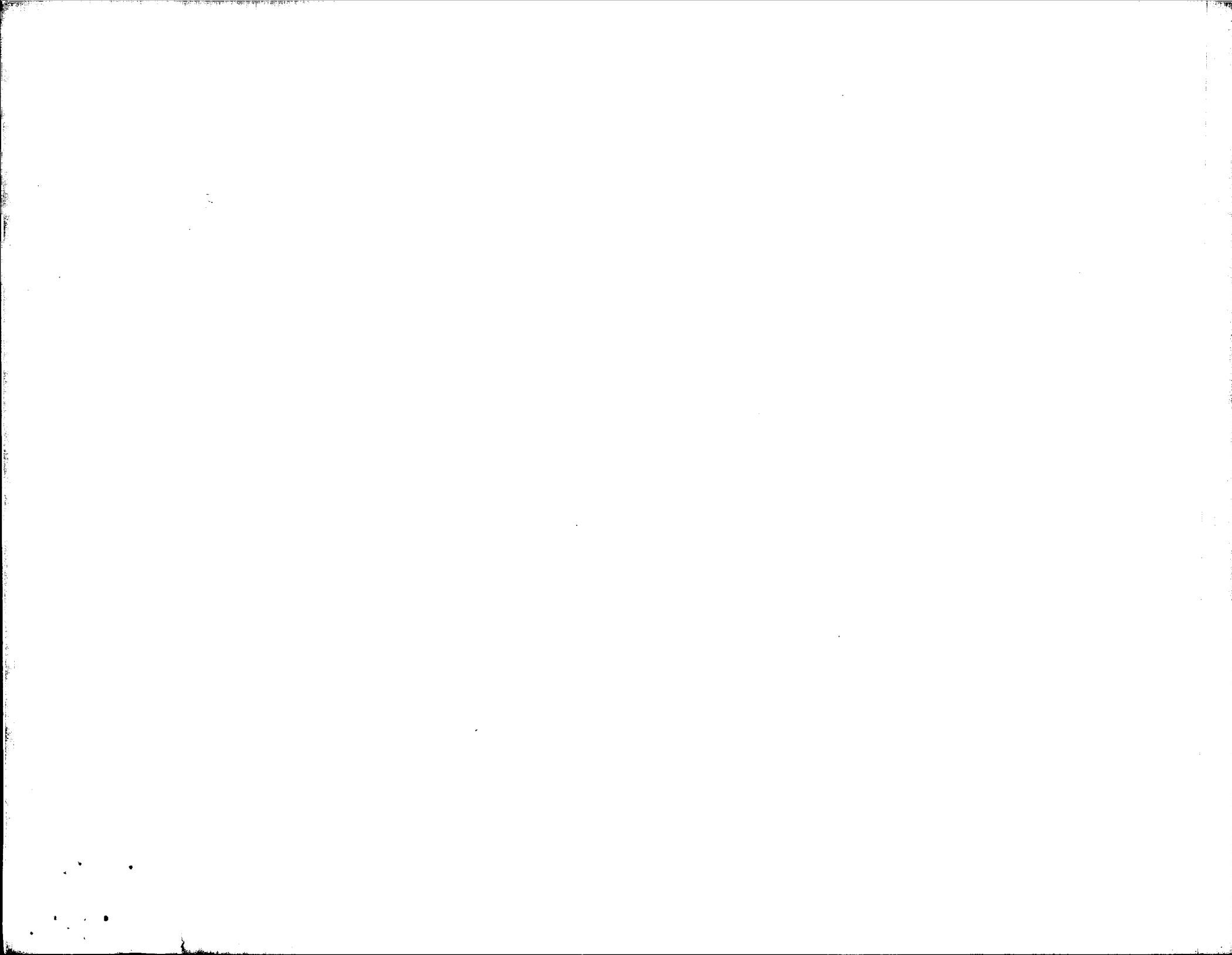
DATE: 04/29/09	APICAL INDUSTRIES
DESIGNER: JACOBSON	2608 TEMPLE HEIGHTS DR.
DRAFTER: P. BRAVO	OCEANSIDE, CA. 92056-3512 (760)724-5300
REVIEWER:	
APPROVAL:	
PRINTED:	
REVISION:	
CONTRACTING:	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 1 PLACE DECIMALS 2 PLACE DECIMALS 1/16 3 PLACE DECIMALS 1/32 ANGLES 1°	DEFLECTOR
SHEET 2 OF 6	SIZE: CAGE CODE: DWG. NO: 646.9800 REV: A
	SCALE: NONE

108022

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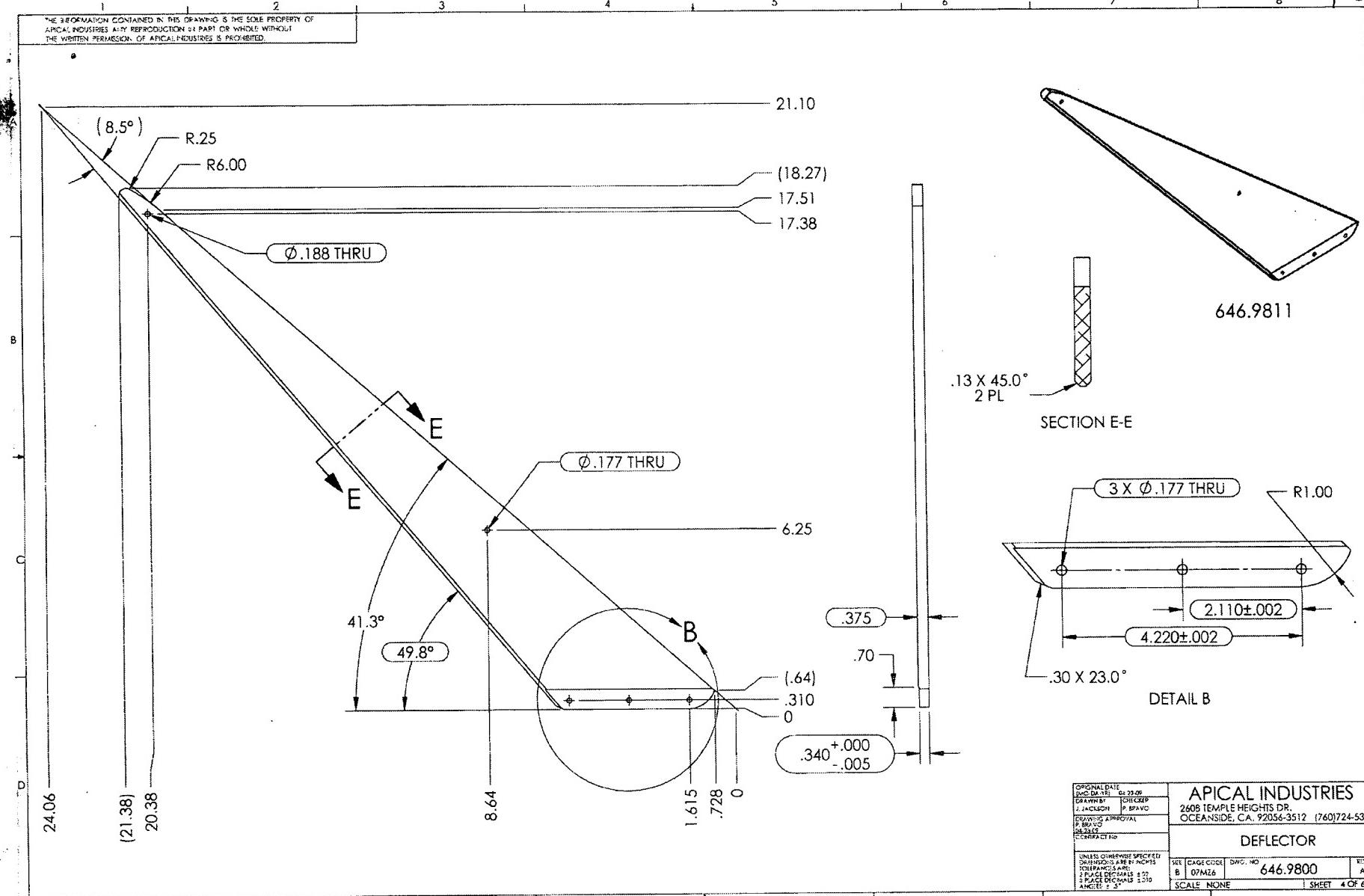


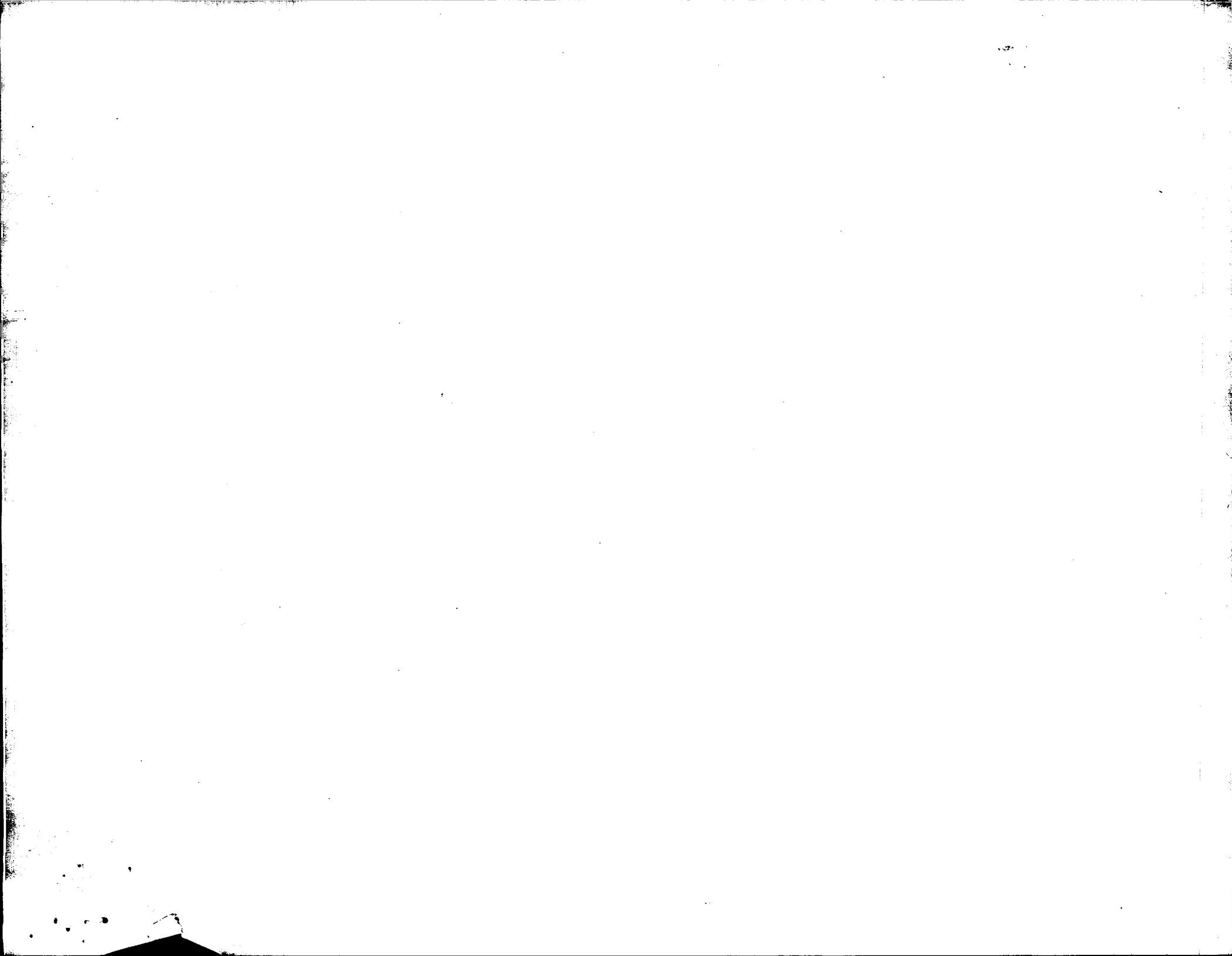
DRAWN DATE 04-23-09	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWN BY J. JACOB	CHECKED P. BRAVO
TECHNICAL APPROVAL P. BRAVO	
CONTRACT NO.	DEFLECTOR
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES DEGREES ARE IN DEGREES 2 PLACE DECIMALS ±.00 3 PLACE DECIMALS ±.000 ANGLES ± 3°	SIZE CAGE CODE Dwg. No. 646.9800 REV. A B 07M6 SHEET 3 OF 6



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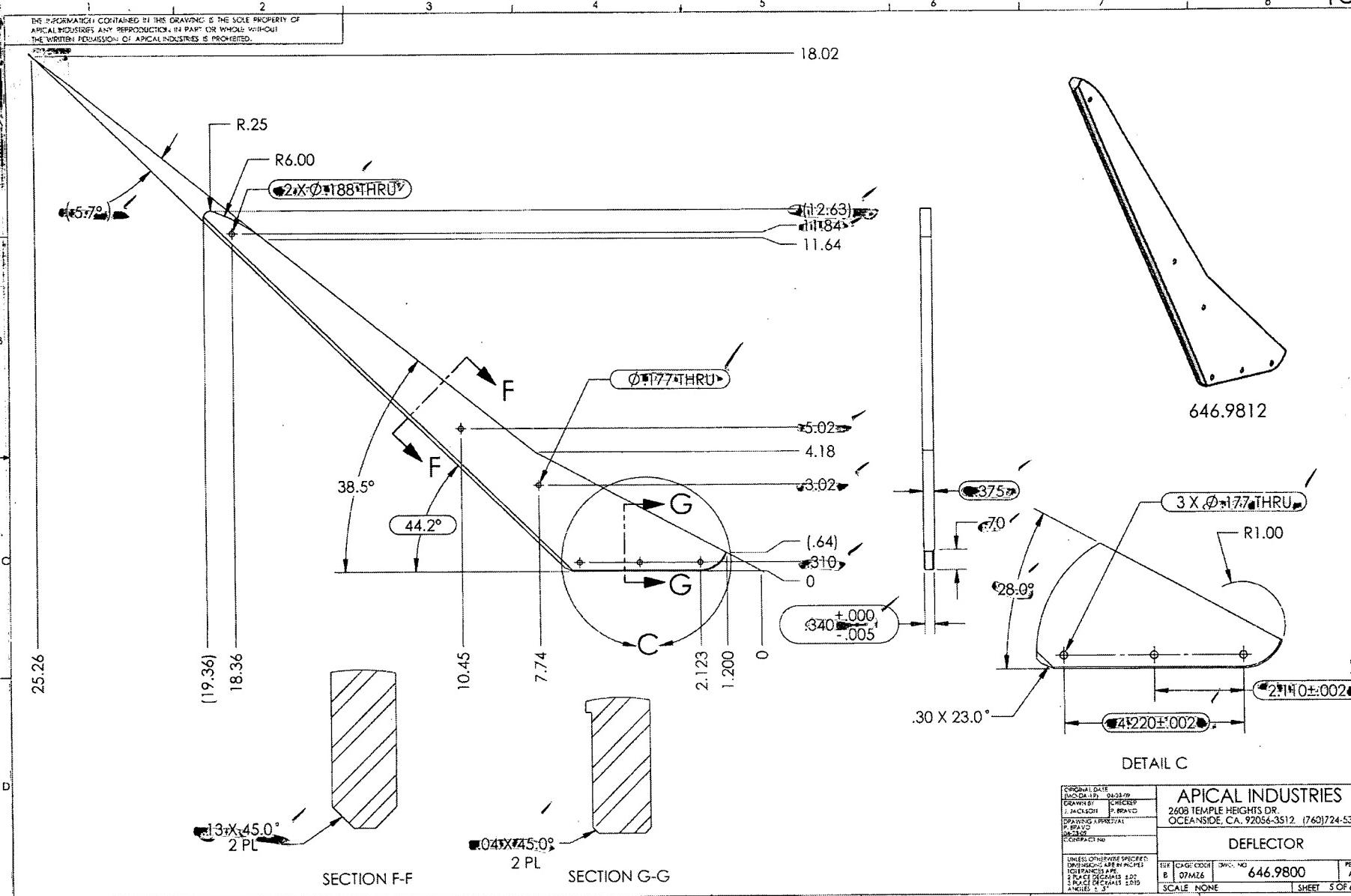
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CDR/CHG DATE	04-21-00
LOC/DEPT	04-21-00
DRAWN BY	CHG'D BY
J. JACKSON	P. BRAVO
SPONSOR APPROVAL	
PERF'D BY	
DEC-2000	
COMPL'D NO	
UNLESS OTHERWISE SPECIFIED: DIMENSIONS ARE IN INCHES TOLERANCES ARE IN INCHES 2 PLACE DECIMALS ±.02 3 PLACE DECIMALS ±.010 ANGLES ± 3°	
REV.	A
EE	CHG'D/CODE
B	07M26
SCALE	NONE
	SHEET 5 OF 6

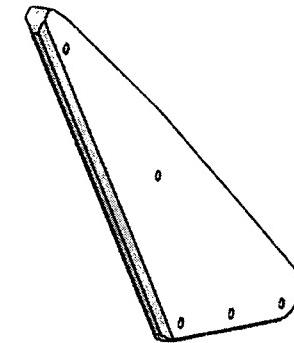
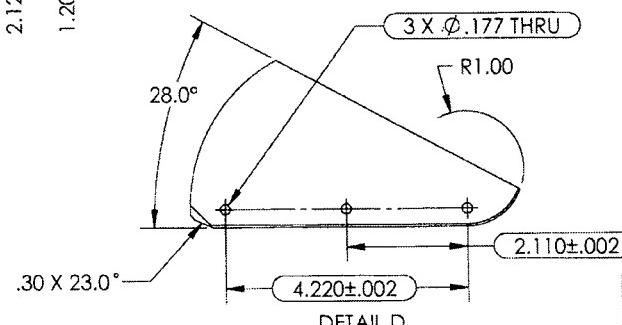
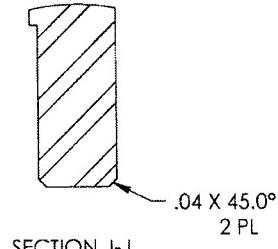
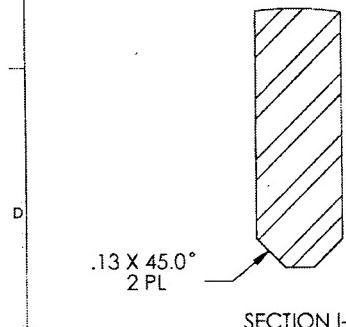
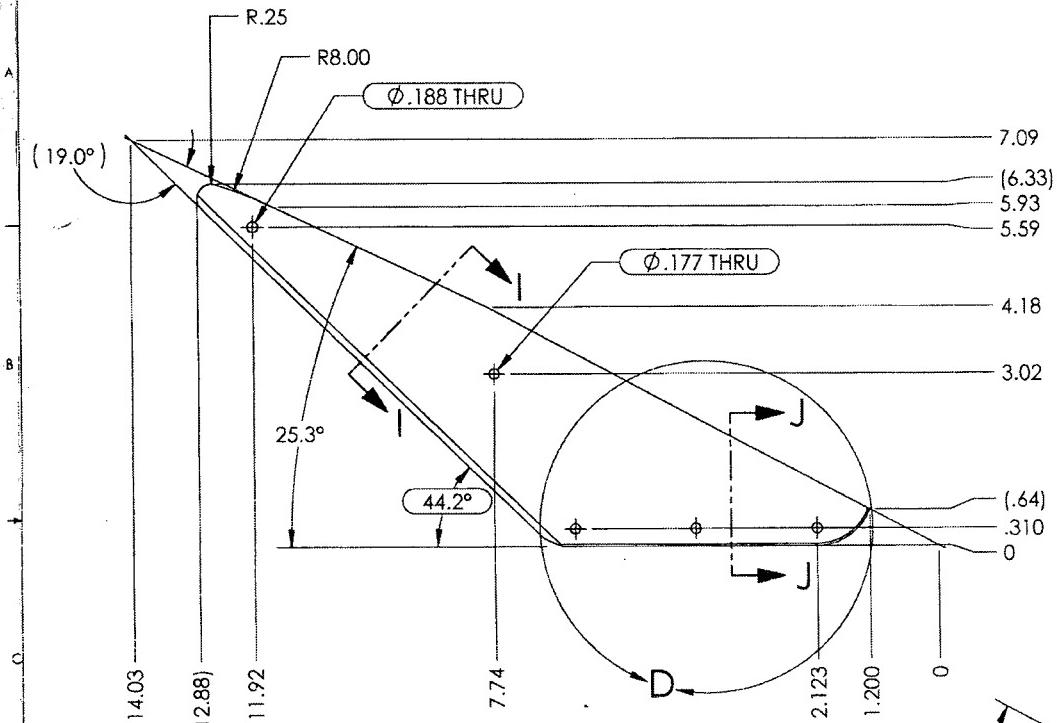
APICAL INDUSTRIES

2608 TEMPLE HEIGHTS DR.

OCEANSIDE, CA. 92056-3512. (760)724-5300

DEFLECTOR

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ORIGINAL DATE 10-22-02	REVISION DATE 10-22-02
DRAWN BY J. JACOBUS	CHECKED P. BRAND
SUPERVISORY APPROVAL P. BRAND	PRINTED 04/21/02
COPIES ISSUED	0
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE AS PER 2 PLACE DECIMALS ±.00 3 PLACE DECIMALS ±.010 4 PLACE DECIMALS ±.001	
REF. CAGE CODE B 07M16	DWG. NO. 646.9800
SCALE NONE	REV. A
	SHEET 6 OF 6

APICAL INDUSTRIES  
2608 TEMPLE HEIGHTS DR.  
OCEANSIDE, CA. 92056-3312 (760)724-5300  
DEFLECTOR

DART AEROSPACE LTD	Work Order:	108022
Description: lower cutter deflector	Part Number:	646-9812
Inspection Dwg: 646-9800 Rev: A		Page 1 of 1

# FIRST ARTICLE INSPECTION CHECKLIST

<b>Measured by:</b> <u>SL</u>	<b>Audited by:</b> <u>Guf</u>	<b>Preliminary Approval:</b>
<b>Date:</b> <u>13-11-05</u>	<b>Date:</b> <u>13/11/05</u>	<b>Date:</b>

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

H:\FORMS\Quality Assurance\approved QA\FAI revE

10.04.15



A.T.G. Industries Inc.  
731, rue Industrielle Rd.  
PLATING DEPARTMENT  
Rockland, On K4K 1T2  
Canada  
Ph: (613) 446-4544  
Fax: (613) 446-4556

### Pack List

Number: 62753

Date: 22-Nov-13

#### To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

#### Ship To

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ON K6A 1K7  
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	<p>Part: ASST Rev:</p> <p>10 PCS 646.3312 (12.05) ✓</p> <p>12 PCS 646.3010 (10.25) ✓</p> <p>6 PCS 646.3310 (18.10) ✓</p> <p>2 PCS 645.3110 (10.65) ✓</p> <p>4 PCS 646.3810 (6.55) ✓</p> <p>32 PCS 646.3715 (6.70) ✓</p> <p>38 PCS 646.3718 (3.95) ✓</p> <p>6 PCS 646.9812 (22.80) ✗</p> <p>HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2</p> <p>PRIME MIL-P-23377J TYPE I CLASS N</p> <p>PRICE IS PER PIECE</p> <p>Job: 20130724 PO: 21915 Line:</p>

Certificate of Conformance	
A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.	
ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY	
DATE: <u>22/11/13</u>	
CERTIFIED SIGNATURE: <u>M</u>	
RECEIVER SIGNATURE: _____	